Respirator Use Log

Date _____ Staff Person Name_____

Types	Quantity	Filter Date Purchased	Manufacture time of use	Field Use – Hours	Replaced Date
HALF FACE					
Example 3m	*1*	*1 Oct 2021*	*25 hours*	*1/11/21 – 2 hours* *15/11/21 – 2 hours* *12/12/21 – 2 hours* *16/01/21 – 1.50 hours*	
FULL FACE					
AIR ASSISTED					